

DISCLOSURE SUMMARY PAGE

DR-2

(Rev. 02/96)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Indexed

Audited

Computer

COMMITTEE NAME (Must be same as on Statement of Organization)

Cohoon for Representative

IMPORTANT: Indicate type of committee you are reporting for:

1

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

SIGNATURE OF TREASURER (or person filing this report)

319-752-9524

TELEPHONE

10/27/2010

DATE SIGNED

Penalties Due For Late Filed Reports Range from \$10 to \$400

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

AM FILING A 10/26/2010 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date)

Indicate one ☒ X

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 3,907.30

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

2,300.00

Schedule C: Fund-raising Events total (Attach Schedule C)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 6,207.30

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)

4,138.69

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 2,068.61

UNPAID BILLS (From Schedule D - Attach Schedule D)

UNPAID CONTRIBUTIONS (From Schedule E - Attach Schedule E)

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

CONTRIBUTIONS - MONEY TAKEN

(including candidate's personal funds)

**SCHEDULE
A
STATE
CANDIDATE****MONETARY
RECEIPTS**CHECK IF
AMENDING
FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Cohoon for Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

Caution: Section 68b.32a(6), Iowa Code, prohibits the use of information from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER & PAC CHECK number	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE	AMOUNT RECEIVED
10/16/2010	ID# 6291 CK# 2790	IHA PAC 100 E. Grand Suite 100 Des Moines, Iowa 50309		\$ 500.00
10/16/2010	ID# CK# 3383	Mary Bukta 604 South 32nd St Clinton, Iowa 52732		200.00
10/19/2010	ID# 9704 CK# 2072	Mechanical Contractors Assoc. of Ia. Inc. 3066 - 104th St. Urbandale, Iowa 50322		250.00
10/20/2010	ID# 6063 CK# 2487	Iowa Dental Asso., PAC 5530 West Pkwy Ste 100 Johnston, Iowa 50131		250.00
10/21/2010	ID# 8026 CK# 21285	I.B.E.W. Educational Committee 900 Seventh St. N.W. Washington, D.C. 20001		250.00
10/21/2010	ID# 9748 CK# 1130	Midwest PAC 1636 NW 114th St Clive, Iowa 50325		100.00
10/21/2010	ID# CK# 1947	Gene & Jennifer Noem 3823 Hyde Ave. Ames, Iowa 50010		100.00
10/21/2010	ID# 9737 CK# 1227	Iowa Harness Horseman's Assoc, PAC P.O. Box 107 Grinnell, Iowa 50112		150.00
SUB-TOTAL \$				1800.00

TOTAL (if last page of this schedule) \$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

CONTRIBUTIONS - MONEY TAKEN

(including candidate's personal funds)

**SCHEDULE
A
STATE
CANDIDATE****MONETARY
RECEIPTS**CHECK IF
AMENDING
FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Cohoon for Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

caution: Section 68b.32a(6), Iowa Code, prohibits the use of information from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER & PAC CHECK number	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE	AMOUNT RECEIVED
10/26/2010	ID# 6098 CK# 3709	Iowa Bev. PAC 321 E. Walnut Suite 310 Des Moines, Iowa 50309		\$ 500.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL \$				500.00

TOTAL (if last page of this schedule) \$**2300.00**

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(for Schedule A)

STATE PAC COMMITTEE: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

Cohoon for Representative

MONETARY EXPENDITURES

check if amending form

[illegible]**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Sch H. (Refer to Sch. H instructions.)

Expenditures to persons/entities providing consulting, advertising, fundraising, polling, managing, organizing services, must also be detail itemised on Schedule G by the amount, purpose, and date of each type A66of expenditure made by the person/entity on behalf of the candiate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

COMMITTEE NAME (Must be same as on Statement of Organization) Cohoon for Representative	SCHEDULE E (Ref. 02/96)	IN KIND CONTRIBUTIONS
	CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (IF APPLICABLE)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE
10/23/2010	House Truman Fund 5661 Fleur Dr. Des Moines, Iowa 50321		Piece A	\$ 2,807.50
SUB-TOTAL				\$ 2,807.50
TOTAL (if last page of this schedule)				\$ 2,807.50

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule B)